ATTACHMENT 1: Instructions for Completing Information Form for DOI Generic Clearance Submission, OMB Approval Number 1040-0001

1. **Survey Title/Date Submitted to the Office of Planning and Performance Management (PPP):** Insert title for the proposed survey. Insert date that the expedited approval package will be submitted to PPP. Reminder: Please submit the package through your bureau/office Information Collection Officer.
2. **Bureau/Office:** Insert the name of the bureau/office conducting the survey.
3. **Abstract:** Summarize the proposed study with an abstract not to exceed 150 words.
4. **Bureau/Office Point of Contact Information:** Complete the bureau/office contact information. PPP will communicate with the point of contact listed here throughout the entire approval process.
5. **Principal Investigator (PI) Conducting the Survey:** Complete information about the PI who will be conducting the survey, if different than Point of Contact listed in #4. Otherwise note: Same as #4.
6. **Name of Program Office Conducting Survey:** Provide the name of the bureau program, office, or organizational unit conducting the survey.
7. **Description of Customers/Services Provided:** Provide a brief description of the customers who will be surveyed, the services provided by the program conducting the survey, and how these services are provided to customers.
8. **Survey Dates:** List the time period in which the survey will be conducted, including specific starting and ending dates. The starting date should be at least ***45*** days after the submission date. The request for expedited approval, and submission of a complete and accurate approval package, must be made at least ***45*** calendar days prior to the first day the PI wishes to administer the survey instrument to the public.
9. **Type of Information Collection Instrument:** Check the type(s) of information collection instrument(s) that will be used. If other, please explain.
10. **Survey Development:** Explain how the survey was developed. With whom did you consult during the development of the survey on content? On statistics? Did you pretest the survey? What actions did you take to improve the survey? What suggestions did you receive for improving the survey? (Note: A description of any pre-testing and peer review of the methods and/or instrument is highly recommended.)
11. **Survey Methodology:** Explain how the survey will be conducted. Provide a description of the survey methodology including: (a) How will the customers be sampled? (if fewer than all customers will be surveyed); (b) What percentage of customers asked to take the survey will respond, and (c) What actions are planned to increase the response rate? If statistics are generated, this description must be specific and include each of the following:
    - The respondent universe,
    - The sampling plan and all sampling procedures, including how individual respondents will be selected;
    - How the instrument will be administered;
    - Expected response rate and confidence levels (note: OMB encourages agencies to target a minimum response rate of 70%); and
    - Strategies for dealing with potential non-response bias.

    Note: Web-based surveys are not an acceptable method of sampling a broad population. Web-based surveys must be limited to services provided by the web.

12. **Total Number of Initial Contacts/Expected Number of Respondents:** Provide an estimated total number of initial contacts and the total number of expected respondents.
13. **Estimated Time to Complete Initial Contact/Instrument:** Estimate the time to complete the initial contact and the survey instrument (in minutes).
14. **Total Burden Hours:** Provide the total number of burden hours. The total burden hours should account for the amount of time required to instruct the respondents in completing the survey, and the amount of time required for the respondent to complete the survey.
15. **Reporting Plan:** Provide a brief description of the reporting plan for the data being collected. A copy of all survey reports must be archived with the PPP. Please note this in the reporting plan.
16. **Justification, Purpose and Use:** Provide a brief justification for the survey, its purpose, goals, and utility to managers. (If the customer population is sampled, what statistical techniques will be used to generalize the results to the entire customer population? Is this survey intended to measure a Government Performance and Results Act (GPRA) performance measure? If so, please include an excerpt from the appropriate document.

ATTACHMENT 2: Approval Form for DOI Programmatic Clearance for Customer Satisfaction Surveys (OMB Control Number 1040-0001, Expiration Date: January 31, 2005)

U.S. Department of the Interior **Office of Planning and Performance Management (PPP)**	**PPP Tracking Number:** ***(for PPP use only)***

1.	**Survey Title:**		**Date Submitted to PPP:**
2.	**Bureau:**		

3. **Abstract:**

(not to exceed 150 words)

4. **Bureau/Office Point of Contact Information**

First Name: | **Last Name:**

Title:

Bureau/Office:

Street Address:

City: | **State:** | **Zip code:**

Phone: | **Fax:**

Email:

5. **Principal Investigator (PI) Information**

First Name: | **Last Name:**

Title:

Bureau/Office:

Address:

City: | **State:** | **Zip:**

Phone: | **Fax:**

Email:

6. **Name of Program or Office Conducting Survey:**	
7. **Description of Customers/ Services Provided:**	
8. **Survey Dates:**	(mm/dd/yyyy) to (mm/dd/yyyy)

9.

Type of Information Collection Instrument (Check ALL that Apply)				
__Intercept	**__Telephone**	**__Mail**	**__Web-based**	__Focus Groups
__Comment Cards				
__Other, Explain:				

10. **Survey Development:** (Who assisted in survey content development Statistics? Was the survey pretested? How were improvements integrated?)	

11. **Survey Methodology:** (Use as much space as needed; if necessary include additional explanation on separate page.)	(a) Respondent universe: (b) Sampling plan/procedures: (c) Instrument administration: (d) Expected response rate/confidence levels: (e) Strategies for dealing with potential non-response bias: (f) Description of any pre-testing and peer review of the methods and/or instrument (recommended):

12. **Total Number of Initial Contacts/ Expected Number of Respondents:**			13. **Estimated Time to Complete Initial Contact | Instrument (mins.):**			14. **Total Burden Hours:**

15. **Reporting Plan:**	

16. Justification, Purpose, and Use:

Survey Justification and Purpose:

Survey Goals:

Utility to Managers:

How will the results of the survey be analyzed and used?

What Statistical Techniques will be used to generalize the results to the entire customer population?

Is this survey intended to measure a Government Performance and Results Act (GPRA) performance measure? If so, please include an excerpt from the appropriate document.

ATTACHMENT 3: Checklist for Submitting a Request to Use DOI Programmatic Clearance for Customer Satisfaction Surveys

- ☐ ***All*** questions in the survey instrument are within the scope of one of the DOI Programmatic Clearance for Customer Satisfaction Surveys topic areas.

- ☐ The approval package is being submitted to the Office of Planning and Performance Management at least ***45*** days prior to the first day the PI wishes to administer the survey to the public.

The approval package includes:

- ☐ a completed Information Form
- ☐ a signed Certification Form
- ☐ a copy of the survey instrument
- ☐ other supporting materials, such as
  - ☐ cover letters to accompany mail-back questionnaires
  - ☐ introductory scripts for initial contact of respondents
  - ☐ necessary Paperwork Reduction Act compliance language
  - ☐ follow-up letters/reminders sent to respondents

The survey methodology presented on the Information Form includes a specific description of:

- ☐ (a) the respondent universe
- ☐ (b) the sampling plan and all sampling procedures, including how respondents will be selected
- ☐ (c) how the instrument will be administered
- ☐ (d) expected response rate and confidence levels
- ☐ (e) strategies for dealing with potential non-response bias
- ☐ (f) a description of any pre-testing and peer review of the methods and/or the instrument is highly recommended.

- ☐ The burden hours reported on the Information Form include the number of burden hours associated with the initial contact of all individuals in the sample (i.e., including refusals), if applicable, and the number of burden hours associated with individuals expected to complete the survey instrument.

- ☐ The package is properly formatted (Word or WordPerfect) and submitted to the Office of Planning and Performance Management with a copy to the Bureau/Office Information Collection Officer (both in paper and electronic formats).

All submission packages must be formatted as MS Word or WordPerfect documents and submitted in both paper copy and electronic formats to the Office of Planning and Performance Management at the following address:

Sheri L. Harris
Office of Planning and Performance Management
Department of the Interior
1849 C Street, NW
M.S. 5258
Washington, DC 20240
e-mail: Sheri_harris@ios.doi.gov

Electronic copies of this document, the entire Generic Clearance package, and required forms and checklists are available on Interior's Office of Planning and Performance Management website at: www.doi.gov/ppp

ATTACHMENT 4: CERTIFICATION FORM FOR PAPERWORK REDUCTION ACT
DOI GENERIC CLEARANCE SUBMISSION UNDER OMB APPROVAL NUMBER 1040-0001

This form should only be used if you are submitting a collection of information for approval under the DOI Programmatic (Generic) Clearance for Customer Satisfaction Surveys, assigned OMB approval number 1040-0001, valid until January 31, 2005. If the collection does not satisfy the requirements of the program clearance, you should follow the regular Paperwork Reduction Act clearance procedures described in 5 CFR 1320.
Bureau/Office Subgroup or Program:
Title *(Please be specific)*:
Burden Hour Estimates Number of Respondents: Hours/Min Per Response: Total Burden Hours:
Bureau/Office Contact (person who can best answer questions about the content of the submission): Name: Phone:
Certification: The collection of information requested by this submission meets the requirements of the OMB approval number 1040-0001.
Bureau/Office Technical Reviewer DATE
DOI Director, Office of Planning and Performance Management DATE
OMB, Office of Information and Regulatory Affairs (OIRA) DATE